

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41069

FILED JAN 3 1952

State File No. ....

BIRTH NO. .... REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>	
c. LENGTH OF STAY (In this place) <u>10 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>818 E. Spring St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home 818 E. Spring St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma Catherine</u> b. (Middle) <u>Seitz</u> c. (Last) <u>Bolch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 24 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 5 1875</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Luther Seitz</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Noah Bolch</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wilbur Haley, Boonville, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>arterial Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 29, 1951</u> , to <u>12-24-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-22</u> , 19 <u>51</u> , and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>T C Beckett</u> (Name or title)		23b. ADDRESS <u>Boonville Mo</u>	
23c. DATE SIGNED <u>12-26-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial #1</u>		24b. DATE <u>December 27/1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>12-27-51</u>		REGISTRAR'S SIGNATURE <u>De Hooper</u> 381	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman &amp; Boller, Boonville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 1-2-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. 433

working under my personal supervision.

Student F. William Kasman Student Embalmer

Signed J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Danville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.